2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740124

1. Entity Name

GFWC SANTA ROSA WOMAN'S CLUB INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90200 023 ****61.25

					1 300	WEIL					
GULF BREEZE FL 32562-0423			PO BOX 423	GULF BREEZE FL 32562-0423			 	 Bil belga libio iybii bidli bidlibi	11861 81811 31811 811	1)1 112 11 1011	
2. Principal Place of Business 3. M.				. Mailing Address							
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & St	City & State			4. FEI Number 59-1709451 Applied For Not Applicable				
Zip		Country	Zip		Country		.5Certificate of St	atus Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
					Name						
GÄLLAGHER,MS. PRESLEY 3372 LAUREL DR.					Street	Street Address (P.O. Box Number is Not Acceptable)					
GULF BREEZE FL 32561											
					City			F	Zip Cod	le	
		y submits this statement for	r the purpose of	changing its	registered office	or register	red agent, or both, in	the State of Florida. I ar	n familiar with,	and accept	
the obliga	ations of regis	tered agent.									
SIGNATURE		or printed name of registered agent a	and title if applicable	/NOT	E: Registered Agent sign:	abura ramuirod	Lubon reinstations	DATE			
		or printed hartie or registered agent a	по проподоле.			ature required	witon remaining)				
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co					npaign Financing Contribution.		\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S		
10.		OFFICERS AND DIR	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN	J 10	
TITLE	1VPD			Delete	TITLE	1_ /	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME	GINN, MA	rion			NAME	P/I)		7	_	
STREET ADDRESS	1607 GUA	M LANE			STREET ADDRESS					i	
CITY-ST-ZIP		EZE FL 32563			CITY-ST-ZIP						
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CITY-ST-ZIP		EZE FL 32563			CITY-ST-ZIP						
	PD	LZE FE 32303		*	_	3116	01-			**************************************	
title Name	MINEO, JU	IDITH	Ų	Delete	TITLE NAME	206			Change	Addition	
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NAME	MINEHULL	. Mary	įZ	≠ Deteta	NAME		ENKINS, E	nse		A vocition	
STREET ADDRESS	1	•			STREET ADDRESS		O NANDIN			}	
CITY-ST-ZIP	1	EZE FL 32561			CITY-ST-ZIP			E FL 32	56!		
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NAME	1	CAROLYN	Þ	Delete	TITLE NAME	T/D			☐ Change	◯X) Addition	
name Street address	PFEIFFER,		D	Delete			5ALLY D.S	TANFORD LOWDED LAN	□ Change	⊠ Addition	
	PFEIFFER, 4304 HICK	CAROLYN CORY SHORES BLVD EZE FL 32563	Ď	Delete	NAME		5ALLY D.S		□ Change	⊠ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOULD STUDIES DE DESTABLED D. STANFORD 1/10/03 850-932-2157